



# FAIHP

Fresno American Indian Health Project



## 2019 Fresno American Indian Health Project Youth GONA Registration Form June 10<sup>th</sup> – June 14<sup>th</sup>, 2019

Ages 13-17  
Space is Limited  
Registration Due:  
5/17/2019

Mandatory Parent and Youth Orientation Dates – Must attend one:

Friday, 5/17/2019, 5 PM – 6 PM at Fresno American Indian Health Project  
Saturday, 5/18/2019, 10 AM – 11 AM at Fresno American Indian Health Project  
Saturday, 5/25/2019 10 AM – 11 AM at Fresno American Indian Health Project

Please Bring:

- Parent photo ID
- Medical insurance card
- Tribal ID (OPTIONAL)\*

Please submit completed registration forms to  
Fresno American Indian Health Project  
Fax: (559) 320-0494  
Email: [rgarcia@faihp.org](mailto:rgarcia@faihp.org)

\* Please note: A tribal ID is not a requirement; this is asked for in case of an emergency. In an emergency, Fresno American Indian Health Project staff knows that the youth would be eligible for Indian Health Services.

For Office Use Only:

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Accepted

Not Accepted

## WHAT IS GONA?

Gathering of Native Americans (GONA) is a five-day overnight culture camp designed to strengthen communities and individuals through wellness. The central theme of the GONA is community healing from historical trauma as approached through the experiences of American Indian Youth.

GONA emphasizes inclusion and individual responsibility to promote healing in a safe environment. This camp will lead youth on a personal and community driven journey.

GONA curriculum is a nationally recognized “best practice” by the Substance Abuse and Mental Health Services Administration. Native American Health Center staff and Youth Services department will be facilitating this event.

GONA will enable youth to learn self-reliance, ways to empower themselves and learn to live a healthy lifestyle in two worlds of culture and tradition walking in balance.

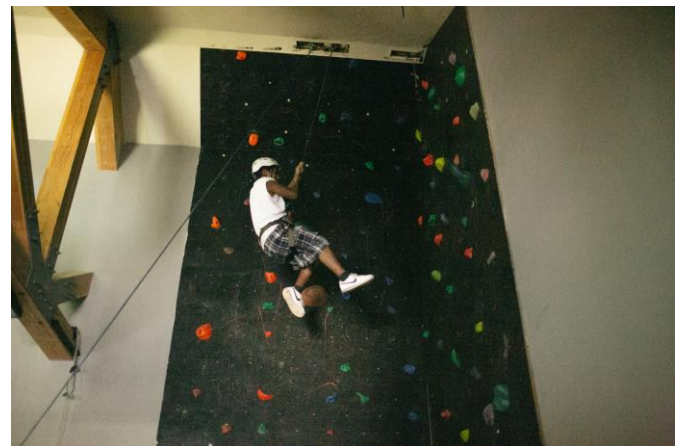
Dates: Monday June 10<sup>th</sup> – Friday June 14<sup>th</sup> 2019

Retreat Location: Quaker Meadows Camp

Western Divide Highway and Forest Route 21578, Springville, CA 93265



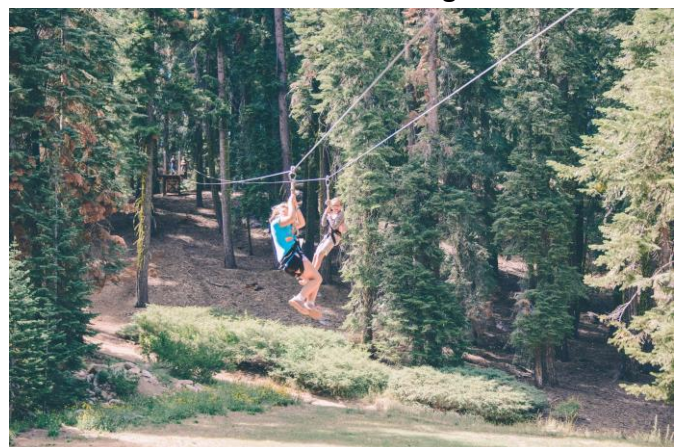
Archery



Rock Climbing



Swimming



Zip Lining

<b>Youth Information</b>		
Name:		Tribe(s):
Age and Date of Birth:	Gender:	T-Shirt Size:
Street Address:		
City:	State:	Zip Code:
Please describe any behaviors or stressors FAIHP staff need to know:		
<b>Parent/Legal Guardian Information</b>		
Name:		Relation to youth:
Address if different:		
Primary Phone:	Work Phone:	Email:
<b>Parent/Legal Guardian Information</b>		
Name:		Relation to youth:
Address if different:		
Primary Phone:	Work Phone:	Email:
<b>Emergency Contact</b>		
In case of emergency please give additional contacts:		
Name:		Relation to youth:
Home Phone:	Work/Message Phone:	
Name:		Relation to youth:
Home Phone:	Work/Message Phone:	

Medical Information														
Insured Policy Holder:		Insured Policy ID #:												
Insurance Name:	Family Doctor:	Family Doctor's Phone #:												
Does your child have dietary restrictions? <input type="checkbox"/> Food allergies: _____ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan Other dietary restrictions: _____														
Does your child/youth have allergies to any of the following? Please <input type="checkbox"/> Pollens <input type="checkbox"/> Medications: _____ <input type="checkbox"/> Foods <input type="checkbox"/> Insect bites Other, please list _____ Allergic reaction: _____														
Does your child/youth suffer from or is being treated currently for any of the following? <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____														
If your youth is currently taking medications:														
Name of Medication 1:	Dosage:	Times to administer:												
Name of Medication 2	Dosage:	Times to administer:												
Please list and explain any major illnesses the youth experienced during the last year that we should know about:														
Should the youth's activities be restricted for any reason? Please explain:														
<b>Permission to Administer Over-the-Counter Medications</b> I (parent/guardian) hereby give permission to medical personnel selected by the camp director or FAIHP to administer the following over-the-counter medications if it is deemed necessary. Dosages will be administered according to directions on the bottle. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Headache</td> <td>Tylenol or Ibuprofen</td> </tr> <tr> <td>Upset Stomach</td> <td>Pepto Bismol or Tums</td> </tr> <tr> <td>Diarrhea</td> <td>Immodium</td> </tr> <tr> <td>Menstrual Cramps</td> <td>Ibuprofen or Tylenol</td> </tr> <tr> <td>Poison Ivy</td> <td>Calamine Lotion or Hydrocortisone</td> </tr> <tr> <td>Seasonal Allergies</td> <td>Claritin or Benadryl</td> </tr> </table>			Headache	Tylenol or Ibuprofen	Upset Stomach	Pepto Bismol or Tums	Diarrhea	Immodium	Menstrual Cramps	Ibuprofen or Tylenol	Poison Ivy	Calamine Lotion or Hydrocortisone	Seasonal Allergies	Claritin or Benadryl
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Seasonal Allergies	Claritin or Benadryl													
Parent/Guardian Signature _____		Date _____												

# GONA 2019 Mandated Reporting Consent and Assent

## SECTION A – Purpose

The State of California requires by law those who are in the position of an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children, to report any suspicions of child abuse.

- During GONA youth are encouraged to participate in Cultural Storytelling and Talking Circles where a variety of feelings may arise.
- If at this time, sharing personal information that draws suspicions, mandated reporters are bound by law to act in the best interest of the youth.

## SECTION B– Definitions

*Consent:* Informed consent applies when an adult person has given permission to participate in a service, activity, or treatment.

*Assent:* is the opportunity for minors to also give their consent to participate.

*Mandated Reporters:* A mandated reporter is a person who, by virtue of his or her job, is legally required to report to authorities any suspected or confirmed abuse of children.

The signed below give their consent and assent to participate at GONA 2019 while mandated reporting is in effect.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

## CONSENT INFORMATION

Please check off and initial the following that apply:

- My youth has permission to participate in the Fresno American Indian Health Project sponsored GONA  
\_\_\_\_\_ MANDATORY
- I understand that my child as a youth services participant maybe be asked to take part in surveys, evaluations and a focus group periodically to assist in the process of grant proposals, fundraising, program information/documentation and promotional use.  
\_\_\_\_\_ MANDATORY
- I understand that all information shared during Youth GONA will remain confidential and will not be shared with others without my consent. I also understand that there are conditions under which this confidentiality must be broken and information about my child must be shared with the appropriate individuals. **These conditions are as follows: there is a suspicion of child abuse/neglect; participant is in danger of hurting himself/herself; participant is in danger of hurting another.**  
\_\_\_\_\_ MANDATORY
- I give my permission for photographs and/or videos to be taken of my child/youth to be used by Fresno American Indian Health Project for promotional, documentation, and/or grant funding purposes. I agree that I will not demand payment of any kind in the event that my child's picture, video, voice, likeness, drawings, or writings are used by FAIHP to promote or publicize any of its programs or activities  
\_\_\_\_\_ VOLUNTARY
- My youth has permission to participate in sweat lodge ceremonies. Sweat ceremonies are **optional** for youth participants; they will not be pressured to participate and they will be not be penalized if they choose not to participate. Youth will be given the option to step out of the sweat lodge between rounds if they need to. The ceremonies will be led by well-known community sweat leaders (both male and female) who have a lot of experience and cultural knowledge facilitating these ceremonies.  
\_\_\_\_\_ VOLUNTARY

I, parent/guardian, the undersigned give legal custody of the participant named above, a minor, and have given permission for \_\_\_\_\_ to participate in the activities, events and projects for the 2019 Youth Gathering of Native Americans. In the event that my child needs emergency medical treatment, I authorize Fresno American Indian Health Project employees, consultants and/or volunteers to secure the necessary emergency medical treatment to protect the life and health of my child. I understand that an attempt to contact me will be made prior to any medical treatment being initiated; however I authorize Fresno American Indian Health Project employees, consultants and/or volunteers to authorize the provision of emergency medical treatment without any consent beyond this Permission Slip where a delay in treatment would not be in the best interest of my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the above agents to obtain care which a physician in the exercise of her/his best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.6 of the Civil Code and Section 1283 of the Health and Safety Code of the State of California. I understand that every effort will be made to protect the wellbeing of my child. However, I agree that in case of accidental injury or illness the Fresno American Indian Health Project, the Board of Directors and individual employees, consultants and volunteers will not be liable. I understand that my child when transported will be assigned to ride in an insured vehicle provided by the Fresno American Indian Health Project. I understand that all drivers of the vehicles will be licensed.

**Parent and/or Legal Guardian having legal custody of youth participant:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature I give my consent and agreement to the above statement

## CODE OF CONDUCT

The Fresno American Indian Health Project and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the 2019 GONA. The following rules of conduct apply to all youth and adults participating in the 2019 GONA

Parents – please read with your youth, help them have a fun and safe time at GONA

- ❖ Attendees shall conduct themselves in a respectful manner and agree to abide by all GONA rules and instructions conveyed by GONA Hosts.
- ❖ All participants (Youth /Adults) will be expected to attend and participate in all scheduled workshops and events, unless they are excused for the following reasons: illness, restriction due to limited physical or medical reasons, religious beliefs.
- ❖ Everyone will show respect and conduct themselves in an honorable manner in the presence of healers, workshops, presenters, and to anyone else who enters the GONA Grounds.
- ❖ Everyone will agree in volunteering and assisting with various GONA responsibilities such as setting up, helping with projects, setting up for the presenters, cleaning up after your meals, and coordination of recreational activities, etc.
- ❖ No fighting, arguing, or dangerous horseplay, which might injure another person will be allowed.
- ❖ Keep language respectful
- ❖ Boys and girls will respect each other while at the GONA.

**The following are prohibited; and use of or possession of may result in removal from GONA grounds**

- ❖ Alcohol, tobacco, and any kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind (include pocket knives).
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.
- ❖ Articles of clothing which display gang symbols, profanity or products or slogans which promote tobacco, alcohol, drugs or sex; materially interfere with youth work; create disorder or disrupt the camp process are not allowed.
- ❖ Extreme fashion that draws undue attention to the student will not be allowed. This includes distracting clothing, and distracting make-up, etc.
- ❖ **Laptops, tablets, etc. A staff phone is available in the event of an emergency and numbers will be provided on Page 9**
- ❖ **FAIHP staff and volunteers will conduct bag checks on the first day of GONA at FAIHP. Any prohibited items found will be provided to parents/guardians. If found during GONA, items will be confiscated, kept in a safe place, and parents/guardians will be contacted. Confiscated items will be returned to parents upon arrival from GONA.**

Youth Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parents and chaperones are responsible for the transportation of their youth if for any reason there is an infringement of the code of conduct; parents or chaperones will be required to take the appropriate actions.



# Quaker Meadow CHRISTIAN CAMP

Form F001: RELEASE WAIVER  
HEALTH HISTORY-HEALTH SCREENING  
*This form must be completed annually  
for all individuals.*

Participant (Print): \_\_\_\_\_

Group's Name: FAIHP GONA

Event Dates: June 10, 2019 - June 14, 2019

Counselor's Name: Fresno American Indian Helath Project

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **Male / Female**

**Health Information:** You may opt out by checking the following statement: I decline to provide personal health information.  
Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while on site.

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any other immunizations & dates: \_\_\_\_\_

\_\_\_\_\_

List any allergies: \_\_\_\_\_

Group Health Supervisor (Sign): \_\_\_\_\_

Date: \_\_\_\_\_

### General Release Waiver

The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

### Image Release Waiver

The undersigned gives permission to Quaker Meadow to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

### Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from Quaker Meadow by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

### Medical Release Waiver

The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Emergency Contact Information: Mr. Mrs. Ms. \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian/Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Things to Expect and General Information

**Please remove this page for your keeping**

- Food is prepared on site by staff at Quaker Meadows and served buffet style. Please be mindful to only serve a quantity you know you will eat. After you are done eating, you are to clean up after yourself and pick up your plates, napkins, etc.
- Youth are not allowed to wander off on their own, for ANY reason. Youth are to remain in designated areas depending on the activity for the moment. Example if we are doing a workshop, youth are not to go off to the dorms without adult supervision.
- Youth will be sleeping in gender specific dorms with an open floor plan. Please be mindful and respect everyone's space and personal belongings.
- Do not bring any electronic items (tablets, laptops, etc.)
- There is NO Wi-Fi and some areas have limited cell phone reception. In an emergency, Quaker Meadows staff have phone service and a landline is available, should youth need to contact parents.
- FAIHP Participates in the California Reducing Disparities Project (CRDP) which is a statewide project to reduce inequalities in mental health care in Native American and other historically underserved communities. The Gathering of Native Americans (GONA) is one of 35 programs funded by this project. Youth will be asked to participate in surveys before and after GONA. Participation is voluntary and response are confidential. More information and parent consent will be discussed at the Orientation.

**Mandatory Parent and Youth Orientation Dates – Must attend one:**

Friday, 5/17/2019    5 PM – 6 PM at Fresno American Indian Health Project  
Saturday, 5/18/2019    10 AM – 11 AM at Fresno American Indian Health Project  
5/25/2019    10 AM – 11 AM at Fresno American Indian Health Project

Please Bring:

- Parent photo ID
- Medical insurance card
- Tribal ID (OPTIONAL)\*

**Camp Information**

Dates: Monday June 10<sup>th</sup> – Friday June 14<sup>th</sup> 2019  
Camp Location: Quaker Meadows Camp  
Western Divide Highway and Forest Route 21S78, Springville, CA 93265  
Phone Number: (888) 222-4822

**GONA Camp Coordinator**

Rachel Ramirez, FAIHP Director of Youth Services  
Office Phone: 559-803-6977

**Departure and Return Location: Transportation is provided**

**FRESNO**- Fresno American Indian Health Project 1551 E. Shaw Ave.

\* Please note: A tribal ID is not a requirement; this is asked for in case of an emergency. In an emergency, Fresno American Indian Health Project staff knows that the youth would be eligible for Indian Health Services.

## GONA Packing List

**Please remove this page for your keeping**

It is necessary to bring all of the items listed below. If you do not have any of these, please speak with one of your agency chaperones or FAIHP staff by 6/3/2019.

Necessities	Clothing	Toiletries (travel size)
<input type="checkbox"/> Sleeping bag <input type="checkbox"/> Pillow <input type="checkbox"/> Personal medication (allergy, asthma, etc.) <input type="checkbox"/> 2-4 towels <input type="checkbox"/> 2 washcloths <input type="checkbox"/> 1 refillable water bottle with name <input type="checkbox"/> 1 backpack <input type="checkbox"/> Flashlight or headlamp If participating in sweat/optional <input type="checkbox"/> 1 extra towel	<input type="checkbox"/> 1 pair of comfortable, sturdy walking shoes <input type="checkbox"/> 1 pair of flip flops/shower shoes <input type="checkbox"/> 4 pairs of socks <input type="checkbox"/> 4 pairs of underwear <input type="checkbox"/> 3 pairs of shorts <input type="checkbox"/> 1 pair of pants <input type="checkbox"/> 3 short sleeve shirts <input type="checkbox"/> Pajamas <input type="checkbox"/> Lightweight jacket <input type="checkbox"/> Bathing suit for pool If participating in sweat/optional <input type="checkbox"/> Gym shorts for boys <input type="checkbox"/> Long skirt for ladies <input type="checkbox"/> Modest shirt for ladies	<input type="checkbox"/> Deodorant <input type="checkbox"/> Toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Hair brush/comb <input type="checkbox"/> Shampoo/Conditioner <input type="checkbox"/> Body wash <input type="checkbox"/> Face products <input type="checkbox"/> Sunscreen <input type="checkbox"/> Lotion <input type="checkbox"/> Bug spray <input type="checkbox"/> Feminine products

**PLEASE DO NOT BRING:**

Please do not bring food, laptops, or tablets. Cell phones should NOT be used during workshops, activities, etc. Phones allowed during transportation to and from camp site and in cabins, during free time.

**If items are used inappropriately, FAIHP staff will confiscate items and keep in a safe place for the duration of camp. FAIHP will not responsible for any lost, stolen, or broken items.**